

## REIMBURSEMENT REQUEST FORM

This form must be filed for each request for reimbursement. An **LSTA Financial Report** must accompany your request which details your line item expenditures. Please refer to your grant agreement approved budget for the budgeted categories and local match percentages.

Today's date: \_\_\_\_\_ Grant Agreement #: \_\_\_\_\_

Library Name: \_\_\_\_\_

Report prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

This report claims reimbursement for expenditures from \_\_\_\_\_ To \_\_\_\_\_

Pay To: (include library name and complete address)

Federal Tax ID Number: \_\_\_\_\_

\_\_\_\_\_

Type of payment: \_\_\_\_\_ Initial

\_\_\_\_\_

\_\_\_\_\_ In progress

\_\_\_\_\_

\_\_\_\_\_ Final

|    |   |  |
|----|---|--|
| a. | <b>Grant Award Amount</b><br>Refer to your grant agreement for the amount awarded.  |  |
| b. | <b>Amount requested for this payment</b><br>This should equal the total grant expenses reported on your LSTA Financial Report for the period that you are seeking reimbursement. The LSTA Financial Report must accompany this request. |  |
| c. | <b>Total of prior claims for this grant</b><br>This is the total reimbursed to date not including this request.   |  |
| d. | <b>Total amount claimed to date</b><br>This includes the amount reimbursed with this request. B + C   |  |
| e. | <b>Balance of Grant Funds remaining.</b><br>The figure in a. minus d.   |  |

CERTIFICATION: I hereby request the above reimbursement and certify that this claim is true, correct and in accordance with the terms of the grant agreement.

By \_\_\_\_\_  
Signature of librarian or other authorized official

\_\_\_\_\_  
Print Name

\*NOTE: All payments will be made on a reimbursement basis.

**STATE LIBRARY USE ONLY**

Invoice \_\_\_\_\_ Vendor \_\_\_\_\_ \_\_\_\_\_ Public Library Consultant  
 \_\_\_\_\_ Initial  
 Document \_\_\_\_\_ Ref DOC/SFX # \_\_\_\_\_ \_\_\_\_\_ Grants Contracts Officer  
 \_\_\_\_\_ Initial  
 \_\_\_\_\_ Accounting  
 \_\_\_\_\_ Initial

| SFX | TRAN<br>CODE | M | SUB<br>OBJ | AMOUNT | RVS | PCA | PROJECT/PHASE |
|-----|--------------|---|------------|--------|-----|-----|---------------|
|     |              |   |            |        |     |     |               |

Agency approval \_\_\_\_\_ Date

ISL Routing:

1. Accounting review & coding
2. Grants officer review
3. Associate director signature
4. Accounting for payment

### INSTRUCTIONS - Request for Reimbursement

**Grant Agreement #** - This number appears on page 1 in the upper right corner of your grant agreement.

**Library Name** - The name of the library awarded the grant.

**Report prepared by & Phone #** - Fill in the name of the person completing this report and the phone number where they can be reached to answer possible questions.

**This report claims reimbursement for expenditures from** - Complete with the beginning and ending date of the first and last expenditure for which you are seeking reimbursement.

**Pay To** - Complete this section with library name and complete address where the reimbursement is to be sent.

**Federal Tax ID Number** - The State computer system is set up on Federal ID numbers. Please include for ease of identification.

1. **Grant Award Amount** - Refer to page 1 of your grant agreement under number 2.

2. **Amount requested for this payment** - This amount should equal the total grant amount itemized on your **LSTA Financial Report**.
3. **Total of prior claims for this grant** - This amount is the total of all reimbursements requested from this grant award prior to this date. It does not include this request.
4. **Total amount claimed to date** - This is the sum of **Amount requested for this payment** (item b.) and **Total of prior claims for this grant** (item c.).
5. **Balance of Grant Funds remaining** - The **Grant Award Amount** (item a.) minus **The amount claimed to date** (item d.)

The certification must be signed by the librarian or authorized grant contact person before payment can be made. An original signature is required. Photocopied and faxed forms will not be accepted.

Attach your LSTA Financial Report for the period. If you have any questions about how to fill out the **Request for Reimbursement** or the **LSTA Financial Report**, please call your library consultant or the grants officer at the State Library.

---

Posted May 15, 2000

For more information about LSTA, contact State Library Grants Analyst Sonja Hudson at Idaho State Library, 325 W State Street, Boise, Idaho 83702, (208) 334-2150, fax (208) 334-4016 or [shudson@isl.state.id.us](mailto:shudson@isl.state.id.us)

OR: Ann Joslin, Associate Director of Library Development, Idaho State Library, 325 W State Street, Boise, Idaho 83702, (208) 334-2150, fax (208) 334-4016 or [ajoslin@isl.state.id.us](mailto:ajoslin@isl.state.id.us)